

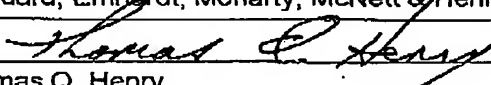
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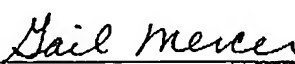
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WEMMH PTO/SB/21 (09-04)

Approved for use through 7/31/2006, OMB 0851-0032
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/561,529			
		Filing Date	December 20, 2005			
		First Named Inventor	Samaritani			
		Art Unit				
		Examiner Name				
Total Number of Pages in this Submission	3	Attorney Docket Number	7541-5			
ENCLOSURES (check all that apply)						
<table border="0"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached Credit Card Payment Form <input type="checkbox"/> Amendment Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 </td> <td style="vertical-align: top;"> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address; Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD </td> <td style="vertical-align: top;"> <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): </td> </tr> </table>				<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached Credit Card Payment Form <input type="checkbox"/> Amendment Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address; Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached Credit Card Payment Form <input type="checkbox"/> Amendment Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address; Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):				
Remarks						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP					
Signature						
Printed Name	Thomas Q. Henry					
Date	November 27, 2006	Reg. No.	28,309			

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WEMMH PTO/SB/81 (04-05)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/561,529
	Filing Date	December 20, 2005
	First Named Inventor	Samaritani
	Title	FREEZE-DRIED FSH/LH FORMULATIONS
	Art Unit	
	Examiner Name	
	Attorney Docket Number	7541-5

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 30565

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

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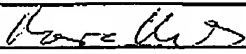
OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

I am the:

☐ Applicant/Inventor☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	20/11/2006
Name	Dr. Marc Markus	Telephone	+41227069227
Title and Company	Authorized Representative of Ares Trading S.A.		

NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

NOV 27 2006

PTO/SB/96 (12-00)

Approved for use through 7/31/2006. OMB 0651-0031
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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Ares Trading S.A.Application No./Patent No./Control No.: 10/561,529Filed/Issue Date: December 20, 2005Entitled: FREEZE-DRIED FSH/LH FORMULATIONSAres Trading S.A.

(Name of Assignee)

Corporation of Switzerland

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title, and interest
(The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 017939, Frame 0196, or a true copy of the original assignment is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

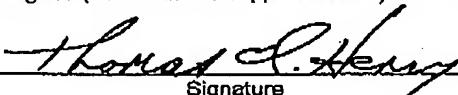
1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
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- ☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or currently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.


SignatureNovember 27, 2006
DateThomas O. Henry, Reg. No. 28,309
Typed or printed name(317) 634-3456
Telephone NumberAppointed Practitioner to Act on Behalf of Assignee
Title

#431510 7541-5

WEEMMH #288838 (Rev. 01/05)